Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

OLIGINAL

## United States District Court

for the Southern District of Texas

HOUSEN Division



OCT 26 2020

David J. Bradley, Clerk of Court

DANIC/ ZAVALA
Plaintff(s)

(Yrite the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

Blind Innate

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro So	14 (Rev. 17	2/16) Complaint for Violation of Civil Rights (Priso	oner)			
t.	The					
	Α.	The Plaintiff(s)				
		needed.	reach plaintiff named in the complaint. Attach additional pages if			
		Name	DANICL BAVALA			
		All other names by which				
		you have been known: ID Number	0000000			
		Current Institution	00805 741			
		Address	HARRIS COUNTY VAII			
		***************************************	1200 BAKER			
			City State Zip Code			
	В.	The Defendant(s)				
		individual, a government agency, listed below are identical to those the person's job or title (If known) a	reach defendant named in the complaint, whether the defendant is an an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.  E. A. C. N. Z.A. L. E.			
		Job or Title (if known)	SHERREF			
		Shield Number				
		Employer	HOUSTON - SheriFF OFFICE			
		Address	HOUSE TO MYAND			
			City State Zip Code			
			Individual capacity Official capacity			
		Defendant No. 2				
		Name				
		Job or Title (If known)				
		Shield Number				
		Employer				
		Address				
			City State Zip Code			
			Individual capacity Official capacity			

Pro Sc I	4 (Rev. 12/	16) Complaint for Violation of Civil Rights (Prise	mer)			
		Defendant No. 3  Name  Job or Title (If known)  Shield Number  Employer  Address	City Individual capacity	State Official capacity	Žip Code	
		Defendant No. 4  Name Job or Title (if known) Shield Number Employer Address				
		•	City Individual capacity	State Official capacity	Zip Code	
II.	Under immui Feder	asis for Jurisdiction  Inder 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or amunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Ederal Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.  Are you bringing suit against (check all that apply):				
	В.	State or local officials (a § 1983 claim)  Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?				
		THE 8TH Ame	udment-Cex	I And Uni	Usual Punishment	
	C.	Plaintiffs suing under Bivens may are suing under Bivens, what cons	only recover for the violation	n of certain constitution is/are being violated	nal rights. If you d by federal	

officials?

Se 14 (	Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)	
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.	
		Failed To Protect and Accomodate the Blind	
•	Prison	ner Status	
		te whether you are a prisoner or other confined person as follows (check all that apply):	
		Pretrial detainee	
		Civilly committed detainee	
		Immigration detainee	
		Convicted and sentenced state prisoner	
		Convicted and sentenced federal prisoner	
		Other (explain)	
5	Statem	ent of Claim	
1	alleged further any cas	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain at of each claim in a separate paragraph. Attach additional pages if needed.	
,	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.	
		N/A	
I	в. -	If the events giving rise to your claim arose in an institution, describe where and when they arose.  IN HARRIS COUNTY JAILS DENERAL POPULATION BE FWEEN JULY 2020 TO PRESENT October 2020	

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C.	What date and approximate time did the events giving rise to your claim(s) occur?
	Between 2020 July - October 2020 at 400
	4 Not 1200 JAIL
Đ.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
Z	Am Blind in Left eye and almost completely Blind in
R	ich lyo due to blucama I wilkied Sett more than once
64	lation with younger Tookent imites: Foced to Step on House
Den	Hitting walls and Fathing down. In I Housed me in general Intion with younger violent imates; Foced to steep on Hoors ied Medical accomotation for Brindness (Medical Pod.
FUKCE	to walk installs would Assistance to Alloxung usils.
V. Injurio	
treatme	sustained injuries related to the events alleged above, describe your injuries and state what medical ent, if any, you required and did or did not receive.
1. Fell	ON Free And INjuried Front teeth in Hallways
2. Den	ried Medical Fox Help and Special Housing
3. Hit	Concrete Piller And Split Forehead open
	: renable To use Krosk to Report Injuries or
oth	ex Complaints due to Blindness.
VI. Relief	
If requ	riefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. esting money damages, include the amounts of any actual damages and/or punitive damages claimed for s alleged. Explain the basis for these claims.
1. Dec	lactory Judgment against Jail Failure to accomodate Blindinnate
2. INIUR	ection to Stop Housing Blind immates in Deneral Population
3, Judg.	ment for Deliberate Indifference - Brindness
4. Judga	nent for Failure to Protect in General Population
5,45,0	ment for Deliberate Indifference-Brindness nent for Failure to Protect in General Population coe, 000 (Five Million Dollars) Actual Damages
	a coo, (Three Million) Punitive Damages,

# Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner) VII. Exhaustion of Administrative Remedies Administrative Procedures The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined In any Jall, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies. A, Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). HALLIS County JAil-Pretrial DetArine В. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? Do not know

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose

JAil problems

If yes, which claim(s)? Able To Grise Medical Essues or other

C.

cover some or all of your claims?

Yes

Do not know

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose
	concerning the facts relating to this complaint?
	C Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No N/A
£.	If you did file a grievance:
	1. Where did you file the grievance?
	ON 10/9/2020 At HAXXIS COUNTY JA.
	10/13/2020
	2. What did you claim in your grievance?
	1. Blindwas Issues
ó	. Housing - Dervied Medical Pod
	. Trenenal Population problems
	3. What was the result, if any?
/	First Errevace was Not Process of Number but only Forwarded to Class Freation Lapt.
2	I Filed Second Drievance Requesting Execused #
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	I appeal First Excessione on 10/13/20
	(All Grievance & And done electronically)

Pro Sc 1	no Sc 14 (Rev 12/16) Complaint for Violation of Civil Rights (Prisoner)					
	۴.	If you did not file a grievance:  1. If there are any reasons why you did not file a grievance, state them here:				
		N/A				
		<ol> <li>If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:</li> </ol>				
		N/A				
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.				
	Spoke w/ Syt, GARCIA ON 6th Flour					
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)				
VIII.	Previou	us Lawsuits				
	The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of scrious physical injury." 28 U.S.C. § 1915(g).					
	To the b	pest of your knowledge, have you had a case dismissed based on this "three strikes rule"?				
	Yes					
	No					
	If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.				

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?			
	Yes			
	T4 No			
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
	1. Parties to the previous lawsuit			
	Plaintiff(s)			
	Defendant(s)			
	2. Court (if federal court, name the district; if state court, name the county and State)			
	3. Docket or index number			
	4. Name of Judge assigned to your case			
	5. Approximate date of filing lawsuit			
	6. Is the case still pending?			
	Ycs			
	□No			
	If no, give the approximate date of disposition.			
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your			

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		Ycs			
		No			
D.		If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
	1.	Parties to the previous lawsuit Plaintiff(s)  Defendant(s)			
	2.	Court (if federal court, name the district; if state court, name the county and State)			
	3.	Docket or index number			
	4.	Name of Judge assigned to your case			
	5.	Approximate date of filing lawsuit			
	6.	Is the case still pending?  Yes  No			
	7.	If no, give the approximate date of disposition  What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			

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#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### For Parties Without an Attorney

	Date of signing:	113/2020		
		ζ		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	1200 BAKER Hous for	Ja DANIE SZ, Siate	27002 210 Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number	The second secon		
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			
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